New Jersey Department of Environmental Protection Office of Quality Assurance

APPLICATION FOR CERTIFICATION OF ENVIRONMENTAL MEASUREMENTS

Part I Administrative Information

| 1. | Check one box for the type of application request: | |
|----|---|----|
| | Initial Modification New Jacob ID# | |
| | Modification New Jersey ID# | |
| | Renewal New Jersey ID# | |
| 2. | Check the applicable box for the type of application request: | |
| | State-Environmental Laboratory Certification Program (ELCP) | |
| | National Environmental Laboratory Accreditation Program (NELAP) Primary Accreditation Secondary Accreditation (If checked, name the Primary Accrediting Authority ar submit the Primary State's Certificate and Scope of Accreditation Analyte List with this package-Code the ACPL or Part III appropriately- refer to the instructions) | ıc |
| 3. | Name of Laboratory or Facility (As it should appear on the Certificate- maximum of 45 character including spaces): | s |
| 4. | Mailing Address: | |
| | City: State: County: Zip Code: | _ |
| | Telephone #: () Facsimile #: () | |
| 5. | Physical address of laboratory (if different from above): | |
| | City: County: Zip Code: | |
| 6. | Name of Contact Person | _ |
| | Telephone # () | |
| | E-mail address: | _ |
| 7. | Days and Hours of Operation: | _ |
| 8. | Responsible Entity Address: | |

| City: | State: | Zip Code: | |
|-------|--------|-----------|--|
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State Fiscal Year 2007 Rev 03/10/06 Check the applicable code below that applies to your laboratory, environmental firm or company: 9. SIC Code Description SIC Code Description ___3900 Miscellaneous Manufacturing Industry ___8734 Testing Laboratories 4940 Water Supply (Drinking Water) ___9199 Federal Government including Military ___9431 Administration of Public Health Programs ____4952 Sewerage Systems 8060 Hospital or Health-Care Facility ___9511 Air & Water Resources & Solid Waste Mgt ___8220 Colleges and Universities 9994 Mobile Laboratory ___8711 Engineering Services Other (include SIC code) 10. Check the applicable box that applies to your laboratory, environmental firm or company. Commercial - willing to perform work for the general public. Non-Commercial - not willing to perform work for the general public. 11. CERTIFICATION BY APPLICANT The applicant understands and acknowledges that the laboratory is required to be continually in

compliance with the New Jersey Department of Environmental Protection's rules, N.J.A.C. 7:18 Regulations Governing the Certification of Laboratories and Environmental Measurements and NELAC Standards where applicable and is subjected to the enforcement and penalty provisions provided therein.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil and criminal penalties, including the possibility of a fine or imprisonment or both, for submitting false, inaccurate, or incomplete information. (N.J.A.C. 7:18-1.9)

| Print Name of Laboratory or Facility (Legal Name | e) | Certification ID# (if issued) | | |
|---|------------|---|--|--|
| Signature of Applicant (reference N.J.A.C. 7:18-1 | .9(b) Date | Print Name of Applicant | | |
| Signature of Quality Assurance Officer | Date | Print Name of Quality Assurance Officer | | |

IMPORTANT - Review your package and mark with an "X" the following items that are included:

| | 1 |
|----------------|--|
| Part I | See instructions |
| Part II | See instructions |
| Part III | See instructions |
| ACPL | See instructions |
| Fee | Renewal Fee: Mail to NJ Dept of Treasury (include bottom portion of the invoice) |
| | Initial or Modification Fee: Mail to OQA |
| Discrepancy Fo | orm |

Send your completed application with the necessary supporting documentation to the following address:

New Jersey Department of Environmental Protection Office of Quality Assurance P.O. Box 424, 9 Ewing Street

Inquires:

Trenton, NJ 08625-0424

Phone (609) 292-3950